

A Plan to Right the Wrong
Protecting Women's Health
Educated Mothers: Smart Society

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THE AMERICAN FEMINISTSM

Feminists for Life of America[®]



Women Deserve **Better**

FFL presents women-centered solutions to systematically eliminate
the reasons that drive women to abortion.

THE AMERICAN FEMINIST

Feminists for Life of America

"When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society—so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged." — Mattie Brinkerhoff, *The Revolution*, September 2, 1869



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Communications Director Lisa Toscani Design/Layout Elizabeth Lambertson Production Coordinator Anna L. Schenck
Feminists for Life of America, 733 15th Street, NW, Suite 1100, Washington, DC 20005; (202) 737-3352; www.feministsforlife.org. President Serrin M. Foster Chair Andrea Milanowski Vice Chair Peter Wolfgang
Public Policy Chair Therese Madden Treasurer Marion Syversen Secretary Juda Buchanan

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Herstory

Worth Repeating

GROWING UP IN A FAMILY steeped in Quaker tradition, Alice Paul lived and breathed its tenets. This included the “first principle,” that there should be equality of the sexes. According to Paul, “it wasn’t a subject for discussion ... there were many things in which the world hadn’t come along, and this was one that had to come along sometime.” Thus, it was an emotionally stunning, life-influencing experience when 22-year-old Alice Paul, attending a Quaker training school for theology and public service in England, witnessed students shouting down Christabel Pankhurst as she expressed pro-equality, pro-suffrage views. With an application form and 25 cents, Paul joined the Women’s Social and Political Union (WSPU) in London and began her lifelong mission of equality for women. As a new WSPU recruit, she sold its paper, *Votes for Women*, in the streets, participated in hunger strikes and began to deliver public speeches (for which she would later be known). She was sometimes arrested for speaking publicly and endured solitary confinement.

Upon her return to the U.S. in January 1910, Paul continued her work for women’s suffrage. She again spoke on street corners and organized events in Philadelphia’s Independence Square, filling the square to capacity.

By that time Alice Paul had already earned a master’s in sociology with minors in political science and economics. In 1912, after finishing her doctoral thesis, “Toward Equality,” she was asked by social activist Jane Addams to be the congressional chairman of the National American Woman Suffrage Association (NAWSA) and establish a Washington, D.C., headquarters.

Paul worked tirelessly for women’s suffrage in D.C. She wrote monthly editorials for *The Suffragist*, initiated a “suffrage school” to train activists on law and public speaking, organized an “advisory council” of writers, physicians and well-known women, and met with President Woodrow Wilson to encourage support for women’s suffrage.

She also used large-scale campaigns to pressure the federal government. Paul stunned the public by organizing massive demonstrations, including a suffrage parade of 1,000 women at Wilson’s inauguration in 1913.

When Congress opened later that year, Paul had one woman from every congressional district in the United States present with a petition in hand.

The following month, 531 women from various states presented resolutions that were introduced on the floor of both the U.S. House and Senate, marking the first time suffrage had been up for debate on the House floor.

In 1914, she began “holding the party in power responsible”—advocating that women in states who had the vote now had the obligation to enfranchise the rest of the women in the country by voting against the current anti-suffrage administration. One year later, Paul initiated a plan to organize in each suffrage state—thus beginning the National Woman’s Party. Paul gained more publicity during Wilson’s speech to Congress in 1917. When he touted

his work for suffrage for Filipino men, a long banner was unfurled from the gallery that addressed the need for suffrage at home.

She advocated nonviolent civil disobedience as a nationwide political strategy, and is believed to be the first person in the United States to do so successfully. While picketing the White House in 1917, more than 500 women were arrested and 168 served prison terms. Some were held in mental hospitals. Paul was one who went on a hunger strike.

Finally, six years after Paul arrived in Washington, Congress passed the 19th Amendment, guaranteeing women the right to vote. It was ratified by the states on Aug. 28, 1920. Alice Paul considered it “the most useful thing I ever did.”

She continued her efforts for women’s rights, authoring the Equal Rights Amendment and

pushing for gender-equality statements in both the United Nations Charter and in the 1964 Civil Rights Act.

But she became frustrated with the direction of the women’s movement. “We had been trying, as you know, to get our Equal Rights plank in, and we had an extremely difficult time, extremely difficult, because all the women’s liberation wanting to put in all these other things.” Alice Paul opposed the later trend of linking the ERA with abortion. She said, “Abortion is the ultimate exploitation of women.” ○

Lisa M. Bellecci-st. romain is an FFL member, author of three books and a public high school social worker who teaches psychology at the high school and college levels.

Author of the Equal Rights Amendment



Alice Stokes Paul

Suffragist

1885-1977

★ Plan to

ALMOST THREE DECADES have passed since *Roe v. Wade* unleashed a new, violent norm on America. And while the activists on both sides of the abortion debate continue to talk at cross purposes—“What about women’s rights?” “What about the baby?”—basic needs of women continue to be ignored.

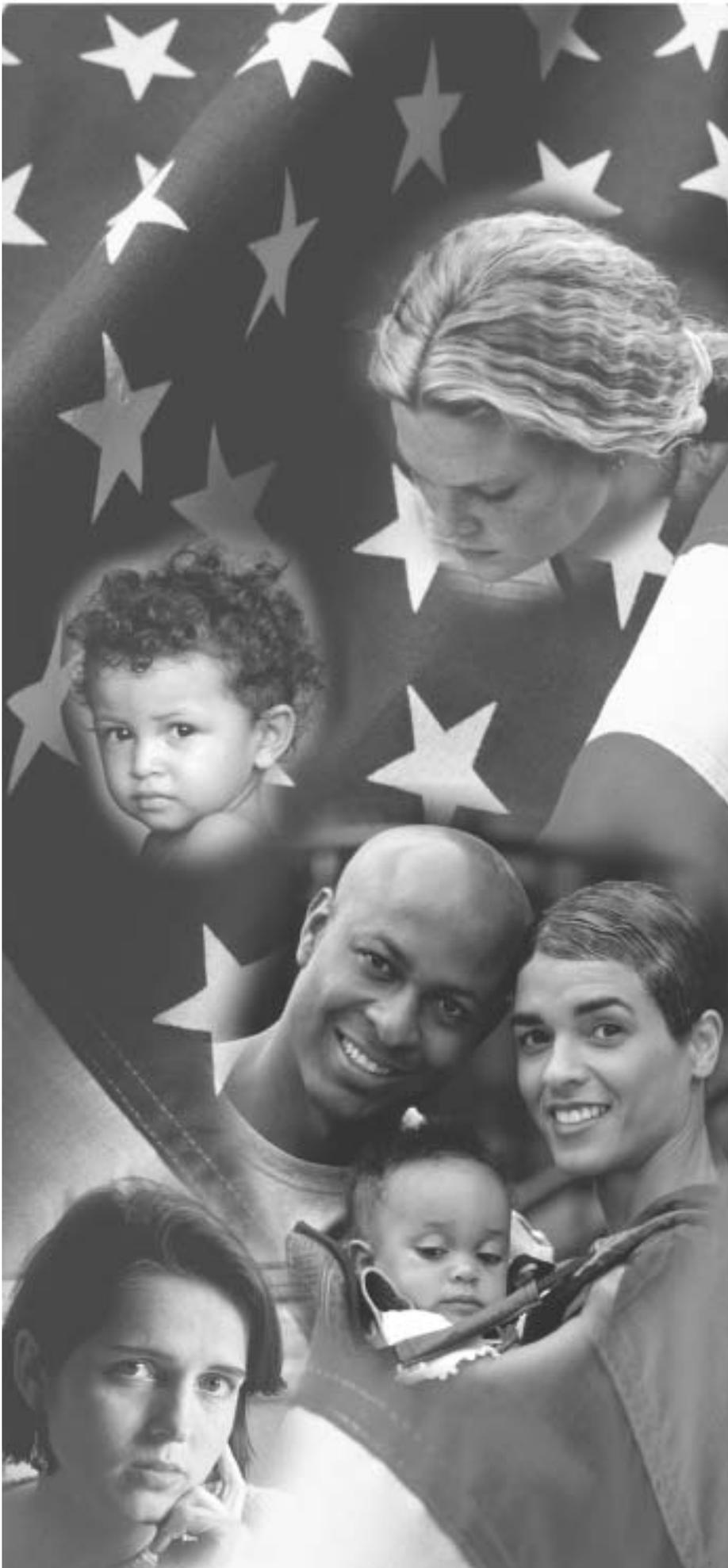
We need a comprehensive review of the reasons that drive women to abortion in order to holistically solve this national tragedy.

Many Americans disagree on abortion, but both sides of the debate agree that the number of abortions needs to be reduced. What is missing is a woman-centered plan to accomplish this goal. Every day that goes by while the needs of women are ignored is another day marked by thousands of abortions.

President Bush has stated, “We are a society with enough compassion and wealth to love and care for both mothers and their children, to seek the promise and potential in every human life.”

Yet too many women are abandoned by those they count on most, don’t have the resources that would enable them to combine work and family, or feel forced to choose between their education and their children.

The time is right for the Bush administration to call a national summit on pregnancy and parenting to reduce the number of abortions in America. Just as Feminists for Life has done on college campuses across the country through its College Outreach Program, Americans need to listen to women and create a comprehensive, step-by-step plan to systematically eliminate the root causes that drive women to abortion—primarily the lack of financial resources and emotional support.



Right the Wrong

To accomplish this we need leaders in higher education, health, technology, corporations, small businesses, the entertainment industry, government and the media to help redirect the debate toward positive outcomes for all concerned. Men must be welcomed at the table. Most important, we must listen to women from all walks of life, especially those who have personally experienced the tragedy of abortion, and those facing an unplanned pregnancy.

We must begin by concentrating on solutions for those at highest risk of abortion—college women, young working women and low-income women.

College campuses should examine their policies, attitudes and support for pregnant and parenting students and staff. Through programs like Pregnancy Resource Forums hosted by Feminists for Life, those on all sides of the debate within the campus community can put aside their differences to address the needs of pregnant and parenting students. Colleges across the country have followed Georgetown University's example by addressing basic needs including housing, child care and maternity benefits in student health-care plans.

Family-friendly workplaces that offer child care, flex time and telecommuting solutions can help lessen the pressure on women to choose between their careers and their children. More corporations should follow the example of Steelcase Corp. of Michigan, which will set up a home office for its employees who are new parents to help them telecommute.

Pregnancy care centers need full funding to give women “the rest of the

choices” including marital parenthood, single parenthood, extended family or co-parenting options and adoption. These centers also need resources to support nonviolent choices, including on-site medical care in a nonsectarian setting, and a budget that enables them to reach out to those in need. First Resort in San Francisco—a city where there are more abortions than live births—is a model for the country. It is a nonsectarian pregnancy care center that offers comprehensive medical care. Churches, mosques and synagogues should follow the call of the late Cardinal O'Connor by opening their doors to help any woman in need.

We need to replicate the success in Pennsylvania, where abortions have been greatly reduced through resources that promote life-affirming alternatives and a woman's right to know about her body, fetal development, and the father's rights and responsibilities. The late Gov. Bob Casey knew that women could handle information.

States should also look at New York State's implementation of CHIP (Children's Health Insurance Programs), which offers services like prenatal care to the poor. Health and Human Services Secretary Tommy Thompson has already recognized the value of this program and has proposed expanding it to other states.

Let us drown out the voices of negativity by once again cherishing motherhood, championing fatherhood, and celebrating the benefits and rewards of parenthood. As FFL Honorary Chair and Emmy winner Patricia Heaton has said, “Women who experience an unplanned pregnancy also deserve unplanned joy.”

Mattie Brinkerhoff wrote in 1869 in Susan B. Anthony and Elizabeth Cady Stanton's radical feminist newspaper, *The Revolution*, “When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society—so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged.”

Every abortion is a reflection that we have failed women. Every woman deserves better, and every child deserves a chance at life.

It is time to right the wrongs. We must refuse to choose between women and children. It is time to recognize the strength and dignity of women, the importance of fathers, and the value of every human life. Let's raise expectations and focus our efforts on the best for women, children and families, so that one day soon we will look back at this barbaric practice and wonder why any woman ever felt coerced into suffering through an abortion.

President Bush has an opportunity to lead this country toward a culture that respects life. When Americans put their minds to solving a problem, anything is possible.

While we look with hope to our leaders, we must remember that the greatest revolutions begin at the grassroots level. Sometimes it is up to the people to demand change. ○



Serrin M. Foster
President

FOR THE PAST 30 years, women have been under the gun to prove that they can be just like men in the workplace. Mainstream feminist groups believed this was the way to gain equality at work. Thus began mainstream feminists' support of abortion—eliminating pregnancy made women more like men (see sidebar, page 9). At the outset, this tactic appeared to work. Women proceeded to break down barriers and close in on equality. *Business Week's* Nov. 27, 2000, issue said that 45% of all managerial posts in the United States are held by women, and the World Bank's Development Indicators for 2000 show an average of female participation in the workforce of over 40%.

Yet women are by no means equally represented at all levels of the workplace—Carleton “Carly” Fiorina of Hewlett Packard is the only female CEO in *Forbes* magazine's list of top 100 companies—and issues like sexual harassment and gender discrimination are still real barriers to too many women at work.

Those who have a family feel they can be penalized even further. In a survey conducted as part of a *Wall Street Journal* study, 36% of respondents with children at home feared missing out on advancement while on maternity leave.



Love's

Mainstream feminist organizations thought these problems would be solved by abortion, but abortion doesn't help women who choose to have children.

"The workplace is still arranged, to a great degree, for workers who have no child-care responsibilities," says Serrin Foster, president of FFL. "Now, nearly three decades after Roe v. Wade, women are challenging the idea of abortion as the solution to inequality in the workplace, and instead asking for workplace conditions that don't force them to choose between a career and motherhood."

WHAT WOMEN WANT

This dilemma of balancing work and family is nothing new, but many believe the challenges it presents to both men and women have gone largely unaddressed or ignored. In her book, *The Price of Motherhood: Why the Most Important Job in the World Is Still the Least Valued*, Ann Crittenden says that as a "committed feminist," she is disappointed that mainstream feminist groups still "devalue motherhood." Some believe that abortion may even hurt women in the workplace long-term—with abortion commonly advocated as the "preferred choice," employers may not have recognized the need to accommodate those women who choose to have children.

"Feminist organizations need to focus less on promoting abortion and more on addressing the root causes of abortion," Foster says. "We need to look at what women really want."

What do women want? "We need workplace conditions designed for the needs of families, not individuals," wrote

Catherine Keenan to the *Sydney Morning Herald* in Australia on March 9, 2001. Amber Rust, an Oxford graduate and mother, told the London *Sunday Times* on March 11 that she'd like to find a way to "do justice to myself and my education without working long hours in an office."

In a study by sociologist Catherine Hakim, 70% of women surveyed said they wanted to be mothers, and more than half of those were looking for ways to combine work and family, rather than dedicate themselves solely to one path or the other. The National Center for Women and Families released a study of working mothers in 2000 that showed similar statistics. It said a third of the working mothers surveyed wanted to be stay-at-home moms, and more than half wanted to work either part- or full-time.

Women are not alone in the struggle to find ways to balance work and family.

DAD'S DILEMMA, TOO

According to a poll released by the Radcliffe Public Policy Center in May 2000, having a work schedule that allows for time with family is the most important goal for men ages 20-29, and 71% of these men would give up some pay for more time with their families.

Also, in a 1999 *Men's Health* magazine survey, published by the National Partnership for Women and Families, 73% of men and 90% of Generation X dads agreed with the following statement: "Once you have a

child, your own needs come second." In 1987, only 63% of men agreed.

In response to the survey's question asking what men equate with status, 86% said it means being a great husband and father, while 81% said opting for family rather than a prestigious career.

"It seems that men are placing their priorities in the right order—in theory at least," Foster says. "If both men and women believe that their families take top billing, we should partner more to make the workplace more family friendly. Telecommuting options, child



care, flex time, family and medical leave, and making a living wage are not solely women's issues."

The debate over how to balance work and family is complex for both women and men, but some partial solutions are already being considered.

WHAT'S WORKING

Many businesses already are placing more focus on providing a family-friendly environment. Several

continued on pg. 8

Labor Lost



companies have been encouraged by studies showing the corporations that consider their employees' family obligations receive increased productivity in return. Employers who offer work-family programs have lower absenteeism, reduced turnover rates and higher employee morale. Examples of family-friendly policies include longer leave time or help with telecommuting. Steelcase Corp. of Michigan, for example, will set up a home office for new parents so they may telecommute.

The federal government has also taken steps to help working parents. The U.S. Department of Labor has looked specifically at working women since June 1920, when it established the Women's Bureau. Among its activities are advising women of their workplace rights, proposing policies and legislation to benefit working women, and researching and analyzing information about women in the workplace. The bureau reports its findings to the president and Congress.

Among the recent contributions of the Women's Bureau: a major initiative to encourage employer-sponsored child care in 1982; establishing a multi-media Work and Family Clearinghouse in 1989, which offers news and information for "work-life" professionals; and vehement support of the Family and Medical Leave Act (FMLA) of 1993, which entitles employees to take up to 12

weeks of unpaid, job-protected leave for family and medical reasons.

WORK STILL UNDONE

Many feel the FMLA needs to be improved because the leave is only for 12 weeks, and is unpaid. In the meantime, there are things women can do to make the situation easier. Women should check to see whether their state provides disability insurance, which supplements paid leave for part of the leave time. Parents can also try to plan in advance so that their vacation and sick time can be applied to supplement their salaries while out on leave.

Another primary concern for working women is safe, affordable child care. According to Lisa Benenson, editor of *Working Mother* magazine, only half of the 100 most family-friendly companies offer on-site child care. "None of them offer it for free, and many of them offer it at only one branch, thus limiting the option to a tiny group of employees," Benenson added in an MSNBC.com editorial.

The federal Women's Bureau 1997-2002 strategic plan includes a business-to-business mentoring proposal—connecting employers already offering child-care programs with other businesses considering that step. An apprenticeship program to improve training for child-care workers is also in the works.

So great is the misery of
that seventeen abortions are
every one hundred pregnant
workin

Congress is responding to working parents' concerns, as well. A bill introduced in the Senate would require standard safety guidelines for day-care centers in all states and also improve enforcement. The Children's Day Care Health and Safety Improvement Act, sponsored by Sens. Christopher Dodd, D-Conn., and Bill Frist, R-Tenn., would authorize \$200 million per year for states to implement background checks, safety inspections and improvements.

Beyond actions by corporations or governments, mothers are finding their own alternatives. Parents are increasingly starting their own businesses.

FFL supporter Joan Carey started a computer company from her home with her husband so that they could spend more time with their five boys and new baby girl. Another FFL member, Beth Luteran, started a dog-walking service in her neighborhood. FFL writer Catherine Snow worked in a public relations agency for years. When she had children, she did freelance PR from home.

Parents often still need child-care assistance when working from home. But it can be well worth the investment to maintain career skills and contacts and avoid falling too far behind in the traditional career track.

Parents say they want affordable child care, flexible work schedules, family-friendly tax reform, more leave

time for both mothers and fathers and more part-time job options.

It remains to be seen whether the shift toward a family-friendly workplace for both men and women will continue, or if it has stalled with abortion as the "answer."

Even a century ago struggling employees facing the challenge of work and family often succumbed to the pressure through abortion. Emma Goldman wrote in *Mother Earth* in 1911, "So great is the misery of the working classes that seventeen abortions are committed in every one hundred pregnancies." Certainly in the new millennium we can do better.

What you can do: Find out what kind of policies your employers have in place that affect the family, and, if necessary, encourage them to do even more. Examples of family-friendly policies include flex time, telecommuting, longer leave than required by the FMLA and affordable or on-site child care. You can also urge your congressional representatives to support legislation like the Children's Day Care Health and Safety Improvement Act, which would provide federal funding to the states for background checks, safety inspections and improvements at day care centers. ○

Sue Rankin is a member of FFL and a freelance writer.

How did we get here?

Serrin M. Foster
President

How did we get here? Larry Lader, a man concerned with population issues, hooked up with Dr. Bernard Nathanson, who had seen botched abortions, and reasoned that legal abortions would be safe. They began NARAL, originally the National Alliance to Repeal Abortion Laws. Lader remains active today as an abortion advocate, but Dr. Nathanson, after performing 60,000 abortions, later became pro-life. He has provided insights into the early days of the abortion movement and how it became the centerpiece of the '70s women's movement.

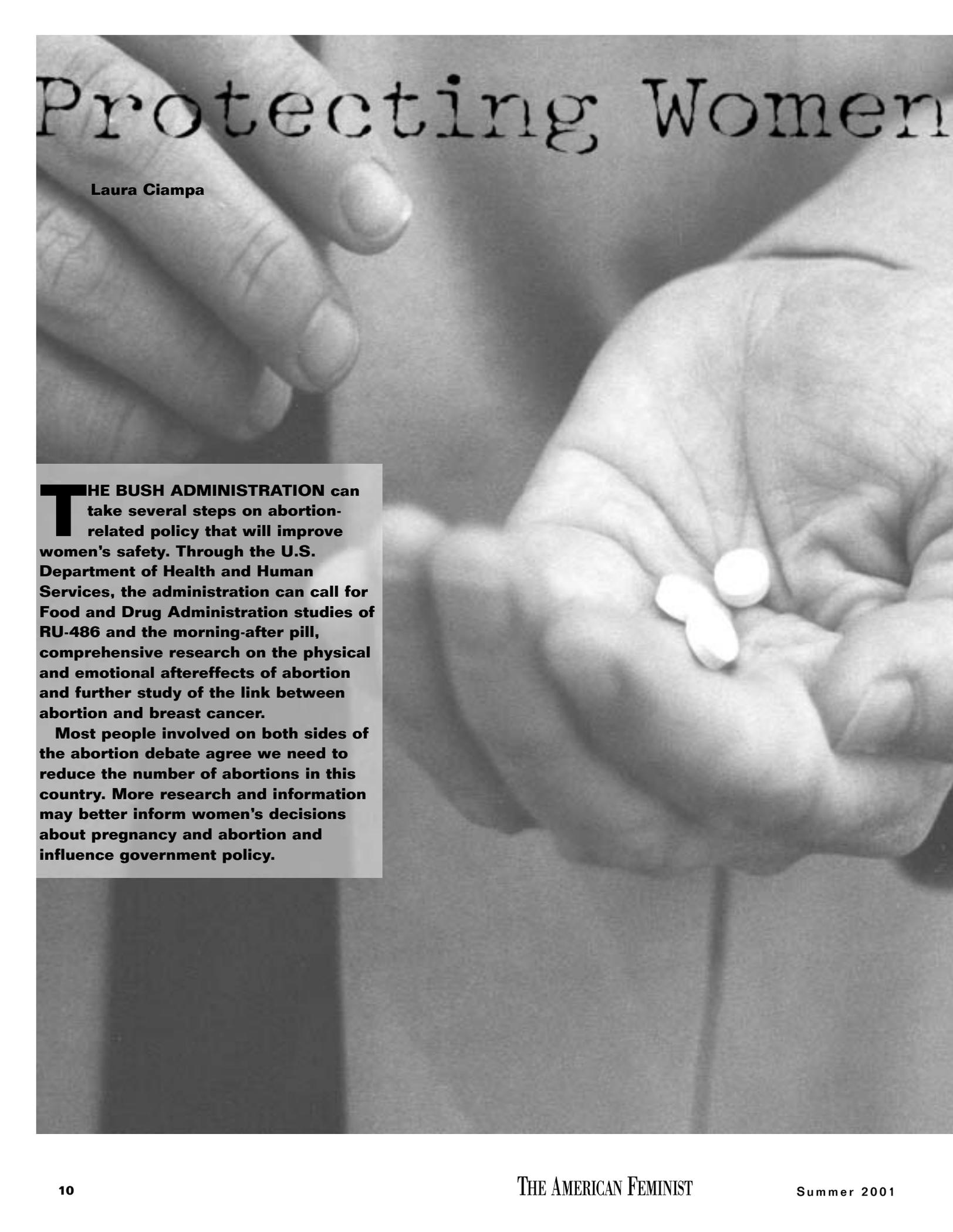
After years of unsuccessfully lobbying state legislatures and governors to overturn "archaic" antiabortion laws—the same ones enacted as a result of efforts by early suffragists as a protection for women and children—Lader and Nathanson decided to change strategies. They noticed that the women's movement was an emerging, powerful and vocal force. What was the movement's major goal? Equality in the workplace.

Lader and Nathanson convinced the leadership of the '70s women's movement that having children held women back in the workplace. If women wanted to be educated like men, hired like men, paid like men and promoted like men, then they would need to control their fertility. After all, why should the employer have to deal with morning sickness, maternity benefits and leave for a sick child—as if fathers would never take time off for their children? If women wanted the same rights as men, they would have to function as men in the workplace.

So many of the problems we face today can be traced to abortion advocates Lader and Nathanson's persuasion of the '70s feminists, who turned abortion into the centerpiece, the litmus test, of feminism. Elizabeth Cady Stanton and other early suffragists would have stood up to these men and demanded equality in the workplace as women.

We need a fresh look at solutions that will enable women to combine a career and families.

the working classes
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Protecting Women

Laura Ciampa

THE BUSH ADMINISTRATION can take several steps on abortion-related policy that will improve women's safety. Through the U.S. Department of Health and Human Services, the administration can call for Food and Drug Administration studies of RU-486 and the morning-after pill, comprehensive research on the physical and emotional aftereffects of abortion and further study of the link between abortion and breast cancer.

Most people involved on both sides of the abortion debate agree we need to reduce the number of abortions in this country. More research and information may better inform women's decisions about pregnancy and abortion and influence government policy.

's Health

RU-486

In September 2000, after many years of controversy, the FDA approved RU-486, the drug combination that causes abortion in early weeks of pregnancy. FFL recommends that this drug be pulled from the market immediately.

The approval of RU-486 came through an accelerated drug-approval process that is usually reserved for life-saving experimental remedies, such as AIDS medications, as if an "unwanted pregnancy" were a serious condition and a life-threatening illness. Because of this quick approval, pushed through by the Clinton administration under pressure from abortion advocates, information on the drug's side effects is incomplete and requires further study.

In addition, its fast-track status could mean that the liability for Danco, the company manufacturing mifepristone (one drug used in the RU-486 combination), is limited. This fast-track status also means that the drug could be pulled more easily than other medications, should the Bush administration choose to attempt to revoke its approval.

RU-486 has been used with mixed success in Western Europe for many years, and was found to have a 44% failure rate when tested in Taiwan, according to a 1999 Central News Agency newswire service article. In U.S. clinical trials, using the most physically ideal candidates, 2% hemorrhaged, one out of 100 women was hospitalized, and several women required surgery to stop the bleeding. Some women were bleeding for close to 60 days after taking the drug, and some developed endometriosis, an inflammation of the lining of the uterus.

Worldwide, a 10% hemorrhage rate has been reported, with 1-2% significant enough to require a transfusion, and a 5-15% rate of pelvic infection, resulting in sterility for 4-5% of those women. In the U.S., women in their fifth week of pregnancy aborted 92% of the time, while women in their seventh week aborted 77% of the time. Side effects of RU-486 include nausea, vomiting, diarrhea, painful cramping, and, less frequently, infection and heart palpitations. The long-term physical effects are not known. For example, although it is known that RU-486 crosses the blood follicle barrier and gets into the follicular fluid surrounding a woman's ripening eggs, what effect this may have is yet to be determined.



Mifepristone is more effective when taken with Cytotec, a drug used to induce labor but only FDA-approved for treating peptic ulcers. At least eight deaths have been caused by this "off-label" use of Cytotec, which has been condemned by its manufacturer, G.D. Searle Corp. The drug has caused amniotic fluid embolism, severe vaginal bleeding, retained placenta, shock, pelvic pain, and ruptures and perforations requiring surgery, among other serious conditions.

In addition, use of RU-486 is a more difficult process than might be expected, as it requires three visits to the doctor's office over the course of two weeks. Because of the nature of a chemical abortion, a woman will most likely abort at home, raising the question of emotional after-effects. **RU-486 brings a woman face-to-face with the violence of abortion, as she expels a recognizable human being at home, at work, or in a college dorm.**

A few colleges have announced that their clinics will not offer RU-486. Jim Davis, director of Utah State University's Student Health Center in Logan, told the *Salt Lake Tribune* on March 12 that RU-486 "has a lot of potential, in addition to not working, for medical complications." The *Salt Lake Tribune* reported in the same article that 8% of women taking RU-486 require follow-up surgery. "That is beyond the scope of our care here," Davis told the newspaper. "It's not something we've been trained to do, and none of our physicians have sought training for that."

FFL President Serrin Foster says RU-486 should be pulled off the shelves immediately. "We have no idea what RU-486 will do to future generations, a woman's long-term mental health or her capacity to bear future children—especially when used repeatedly," said Foster. "Taking RU-486 off the market is a good step toward protecting women and children."

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When we consider that women are treated as property...

What you can do: Write Secretary of Health and Human Services Tommy Thompson and ask him to pull this dangerous drug off the market because of the harm it can do to women's mental and physical health and because little is known about long-term effects, especially with repeat usage.

THE MORNING-AFTER PILL

As in the case of RU-486, the FDA bypassed regular drug trials when it approved manufacture and marketing of the morning-after pill in March 1997.

The morning-after pill provides a short, strong burst of hormones that may prevent pregnancy in some cases by temporarily stopping production of eggs, inhibiting transport of the egg or sperm within the fallopian tubes, or preventing fertilization—depending on the time during the menstrual cycle that it is taken. According to manufacturers, if a child has already been conceived, the pills function by altering the uterine lining with their high estrogen content, preventing implantation.

Although it is standard for doctors to review a patient's medical history before prescribing powerful medications, so-called "emergency contraception" is being offered over the phone, and even over the Internet, on sites such as *getthepill.com*, where you can pay \$20 to enter some medical information, have one of its doctors review your case, prescribe the pill or a morning-after pill, and have the prescription waiting for you at a nearby drugstore. Now more than 60 women's and medical groups have presented petitions to make it available over the counter.

Unanswered questions remain about the safety of the morning-after pill. Short-term effects from this massive dose of hormones include nausea and vomiting, headaches, breast tenderness, dizziness, weakness and fluid retention. FFL and others feel the FDA is doing a great disservice to women in not studying the long-term effects of this powerful drug dosage—particularly the effects on a woman's future fertility and children.

In addition, corporations and family planning organizations promoting the morning-after pill are

attempting to redefine pregnancy. Pregnancy begins at conception, but abortion advocates now say that a woman becomes pregnant only after the newly conceived human embryo implants itself in the womb. The reference to the morning-after pill as "emergency contraception" is actually a misnomer. The manufacturer has clearly said that it can work to prevent conception or to prevent implantation of an embryo.

"Manufacturers and promoters hope that by misinforming women about when pregnancy occurs, it will be easier for us to swallow their pill," said Foster. "The National Institutes of Health (NIH) should play a leadership role informing women—as well as the manufacturers and the media—that life begins at conception—not implantation."

What you can do: Respectfully ask Secretary Thompson to study the repeat usage of the morning-after pill. Contact news organizations when they incorrectly refer to the morning-after pill as "emergency contraception" or report that the use of the morning-after pill can reduce abortions, as the abortifacient effect will certainly increase—in essence, an early abortion.

PHYSICAL AND EMOTIONAL RISKS OF ABORTION

Another great service the U.S. Department of Health and Human Services could perform for women is to conduct a comprehensive study of the physical and emotional effects of abortion. Known physical consequences of surgical abortions include excessive bleeding (often caused by uterine punctures), damage to the cervix, increased risk of future miscarriages and ectopic (tubal) pregnancies, pelvic inflammatory disease and endometriosis (an inflammation of the lining of the uterus that can cause infertility), plus increased risk of developing breast cancer.

It is unknown how many women die each year due to botched abortions, since the government stopped collecting statistics in 1987 due to the lack of accurate reporting. However, from 1985-1987 there were 26 deaths reported, and

... it is degrading to women and children as property to be di

—Elizabeth Cady Stanton, 1873. *Susan B. Anthony and Elizabeth Cady Stanton's newspaper, The Revolution, and most other feminist publications.*



SYMPTOMS OF POST-ABORTION SYNDROME INCLUDE:

Depression

Guilt

Anxiety

Alcohol and drug abuse

Eating disorders

Other self-punishing behaviors, such as entering into abusive relationships

several deaths continue to surface in the news media each year. Many of these deaths and injuries could be prevented if clinics were required to follow basic safety and sanitary regulations.

Although abortion is the most common surgery in the United States, opposition has prevented most legislation to require government inspections and reporting by clinics—standard for other medical facilities. “We have more stringent requirements for veterinary clinics than abortion clinics. Do we care less about women than dogs?” said Foster.

The U.S. Supreme Court, on Feb. 26, 2001, refused to hear an appeal from abortion practitioners regarding South Carolina’s new rules to regulate everything in abortion clinics from bookkeeping to air flow in clinics. “Now that we know that the Supreme Court will not interfere with these measures, similar legislation should be introduced in other states,” said Foster.

In addition to the potential physical consequences of abortion, there are emotional effects. Symptoms of post-abortion syndrome include depression, guilt and anxiety as *continued on pg. 14*

en that we should treat our
sposed of as we see fit.

s of the last century refused to join in the common practice of printing advertisements for thinly disguised patent-medicine abortifacients.

well as increased rates of alcohol and drug abuse, eating disorders, other self-punishing behaviors (becoming promiscuous, entering into abusive relationships) and suicide. A study reported by *USA Today* found that women who already suffer from depression or other mental illnesses will more likely suffer emotional consequences from an abortion, debunking support of abortion on “therapeutic” grounds by the American Psychological Association and the American Psychiatric Association.

Many women experience symptoms similar to other forms of post-traumatic stress disorder, and re-experience the abortion in various ways, such as through recurring nightmares or flashbacks brought on by the sound of a vacuum cleaner. Some women experience a reaction on the anniversary of the abortion or the expected due date. Others become preoccupied with becoming pregnant again.

Abortion can also lead to anxiety over fertility and childbearing issues, and can interfere with a woman’s bonding with future children, by causing low self-esteem, survivor guilt, and even subconscious devaluing of her other children. Many women who abort have trouble grieving their lost children due to their and society’s reluctance to admit what has happened. Another difficulty in assessing the emotional ramifications of abortion is that most studies have only surveyed women within a short time after their abortions. These studies show that many women report feeling relief, yet many symptoms do not surface until years later.

Another area in need of study is repeat abortions. The Centers for Disease Control and Prevention’s most recent report indicates that half of all abortions are repeat abortions. “Better outreach to women who have had an abortion seems to be indicated,” Foster said. “Research into why this group is especially vulnerable and strategies for meeting their needs would be helpful if we are serious as a nation about making abortion rare.”

Since women have been given basic information about abortion under laws like the Abortion Control Act in Pennsylvania, abortion has decreased. “Women can handle basic information about their bodies, fetal development, paternity establishment and child support, abortion alternatives and risks from maternity and abortion. The federal government can also play a role by offering information,” said Foster. “As with other health issues like heart disease and drug abuse, the Surgeon General’s office can hold a national campaign to help educate women about solutions.”

What you can do: You can help by connecting women in need to:

The National Office of Post-Abortion Reconciliation and Healing, Inc.

National referral line: 1-800-5WE-CARE

E-mail: noparh@juno.com, Web site: www.marquette.edu/rachels

Or: Rachel’s Vineyard, Toll Free: 1-877-HOPE-4-ME
Web site: www.rachelsvineyard.org

ABC: ABORTION/BREAST CANCER LINK

A serious, comprehensive look at the abortion-breast cancer link would also be extremely beneficial to women.

Dr. Joel Brind, internationally recognized expert on the possible link between abortion and breast cancer, said, “If not for politics, the ABC link would have been acknowledged years ago. The weight of the evidence is at least as much and as consistent as for other things universally acknowledged to be risk factors.” At this point, 19 of 24 studies have found a link between the two, 12 of them with statistical significance. Breast cancer is starting to reach epidemic status among American women, as more than 175,000 women develop the disease each year, and 53,000 die from it.

In his 1999 book, *Breast Cancer: Its Link to Abortion and the Birth Control Pill*, Dr. Chris Kahlenborn cited findings that the risk of developing breast cancer in a woman who has an abortion before her first full-term pregnancy is increased by at least 50%.

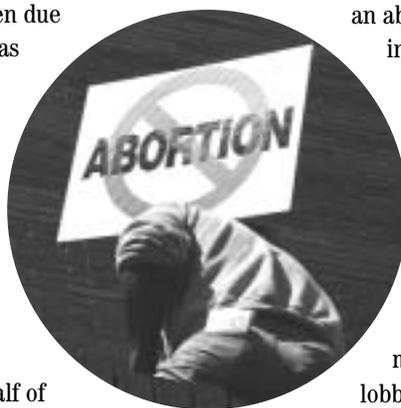
A study soon to be published by the British Royal Statistical Society suggests that the incidence of breast cancer is about to rise exponentially among British women due to the high abortion rate and low number of children women are having. Research into breast cancer’s causes and prevention is becoming a priority. However, mainstream medicine, under pressure from pro-abortion lobbying, steadfastly continues to deny the connection. So far, there have been two cases of women suing abortion facilities after their abortions for failing to provide this information.

“Research always indicates more research,” said Foster, “but with the number of studies we have available to us now, we recommend that HHS hold an education campaign about the potential risks, and require that women about to undergo an abortion be educated about the potential risks.”

What you can do: Respectfully ask Secretary Thompson (see page 19 for address) to further study the link between abortion and breast cancer, and to educate the public about potential risks.

FFL hopes the new administration will address these hazards to women’s health by funding further and more comprehensive research into RU-486, the morning-after pill, the physical and emotional aftereffects of abortion and the link between abortion and breast cancer. Women deserve that much. ○

Laura Ciampa, an FFL member, is a legal assistant for a communications company.



Colleen Jones

humane services



THE U.S. Department of Health and Human Services is the federal government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The social services policies and programs established and maintained by HHS affect women's ability to support and protect themselves and their children—born and unborn. This agency is also in a unique position to publicize some of the model nongovernment programs that help women and children.

WELFARE

The new Secretary of Health and Human Services, Tommy Thompson, is no stranger to the welfare debate. He initiated dramatic and controversial welfare reforms while governor of Wisconsin.

"Wisconsin invested heavily in welfare-to-work training, health care and day care," says Serrin Foster, FFL president. "Thompson did a lot of things right."

Another state that has seen great success is Wisconsin's neighbor to the west, Minnesota.

There, a bipartisan legislature voted to increase funding to help families transition from welfare to work, and according to a report on the "NewsHour with Jim Lehrer" on PBS, it has paid off. Under the current program, called Minnesota Family Investment, more clients are keeping their jobs.



The difference? During the transition, participants can keep their health and financial benefits until their income reaches 140% of the poverty level, rather than simply getting cut off. Participants receive job-placement assistance, on-the-job counseling, health care, child care, bus passes and advice on how to reduce expenses. Some receive car loans and later in the program even mortgage loans. They can't abuse the system, however, because clients can participate for only five years. A surprising outcome of the program is that participants are 40% more likely to marry or remarry because the incentive is to work. Contrast this



outcome to the old system that emphasized benefits to single mothers with children and unwittingly broke up families so they could receive public assistance. The PBS report said the Minnesota program was also helping to break a multigenerational dependency on welfare. Parents with increased pride in their work provide a model of responsibility and discipline for their children. Recruiters are now coming to welfare recipients for job placement. Because new employees continue to receive assistance, employers in effect get a wage subsidy.

The “stick”—the five-year maximum time in the program—and

the incentive “carrots” have helped people to transition who never believed that they could remain employed. The program spends more per person than programs in other states on the average, but the extra cost pays off in comparison to the cost of incarceration—crime being an all-too-frequent route for those who are desperate. A booming economy, along with a supportive, determined legislature, helped provide this additional assistance.

There are also national programs to help women and children in need. Temporary Assistance to Needy Families (TANF), a state-managed welfare program that replaced Aid to Families with Dependent Children (AFDC) in 1996, is one of many initiatives that positions HHS to set policies that will help reduce the number of abortions in the U.S. TANF, the result of a multi-year welfare reform debate, takes steps to eliminate a number of the issues that propel women to have abortions, including lack of support from the father, loss of opportunity to support oneself, and teen and out-of-wedlock pregnancies.

Like AFDC, TANF provides financial aid to needy families. It differs from its predecessor in its five-year limit on family benefits and its requiring recipients to develop job skills and to work part time to receive cash assistance for more than two years. TANF also provides states with block grants that can be used to:

- Provide child-care assistance to needy families so that parents are able to work without abandoning their children.
- End the dependence of needy parents on government benefits by promoting job preparation and work.
- Encourage the formation of two-parent families.

While the child-support enforcement, child care and job-training benefits that TANF created

are certainly victories for women and children, better positioning them to achieve self sufficiency and embrace their role as mothers, there's more to be done.

Some critics charge that TANF needs to be strengthened. They complain states often don't use the block grants from TANF to help women. Some apparently sit on the money and then funnel it to other programs. Others just lose the grants when they go unused, which creates the impression that TANF is not needed. A further concern is that the five-year benefit limits will begin to cut people off this year, just as the economy begins to falter.

What you can do: You can help by contacting your state representatives and supporting welfare reforms like those Minnesota has implemented, as well as encouraging them to ensure that TANF block grants are being used to help women and children.

HEALTH CARE

HHS manages another social services program that significantly affects pregnant and parenting low-income women.

The Children's Health Insurance Program (CHIP) provides health insurance to needy children whose parents enroll them in the program. Like TANF, Children's Health Insurance is a federally funded program executed at the state level.

Each state provides a customized program—with some states offering more comprehensive benefits than others. New York State's Children's Health Insurance Program offers some of the most comprehensive benefits—providing prenatal care to qualified mothers. Not only does the prenatal care provision reduce the risk of serious illness in the pre-born child, thus decreasing the cost of insuring that child after birth, but it also assures women at risk for

abortion that they will be supported in a decision to carry their child to term.

Women do not have to look only to the government for health care. Several successful programs throughout the country serve as models for other communities. One example is the (Washington) D.C. Developing Families Center. This birth and family center offers services ranging from prenatal and well-woman care to a day-care center and well-child care—all under one roof.

Supported by foundations and local government funds, the center addresses Washington, D.C.'s staggering infant-mortality rate. Babies in northeast Washington are dying at two to three times the rate of newborns across the country. Linda Randolph, co-CEO of the center, says, "That's because women here are among the most likely to develop complications during their pregnancies and the least likely to obtain adequate prenatal care.

"Not only must we act now to stop this horrifying epidemic of infant death, we must empower women with the knowledge and tools to take care of themselves and raise healthy babies."

The Kaiser Family Foundation, one supporter of the birth center, says that "the founders also want to emphasize that the center will not provide abortions ... combining labor and delivery care with abortion services sends a mixed message to patients, and practically speaking, just doesn't work."

This program is already being used as a model for similar proposals in the inner cities of Atlanta, Baltimore, Kansas City and Phoenix.

What you can do: Encourage your state legislators to extend CHIP benefits to pregnant women. Support empowering programs like the D.C. Developing Families Center. Help

fund educational programs like FFL's College Outreach Program. This program is being expanded to educate college health-clinic staffs about government-subsidized prenatal care available in each state.

ADOPTION: BENEFITS FOR BIRTHMOTHERS, ADOPTIVE PARENTS

Everyone knows at least some of the benefits for parents who adopt children, but what about benefits for birthmothers? Too often, women considering placing their babies for adoption are not made aware of benefits they can receive.

Birthmother Jessica O'Connor-Petts, an FFL member from Washington, D.C., says that when she placed her son for adoption, she was entitled to the same pregnancy-leave benefits as those who parent.

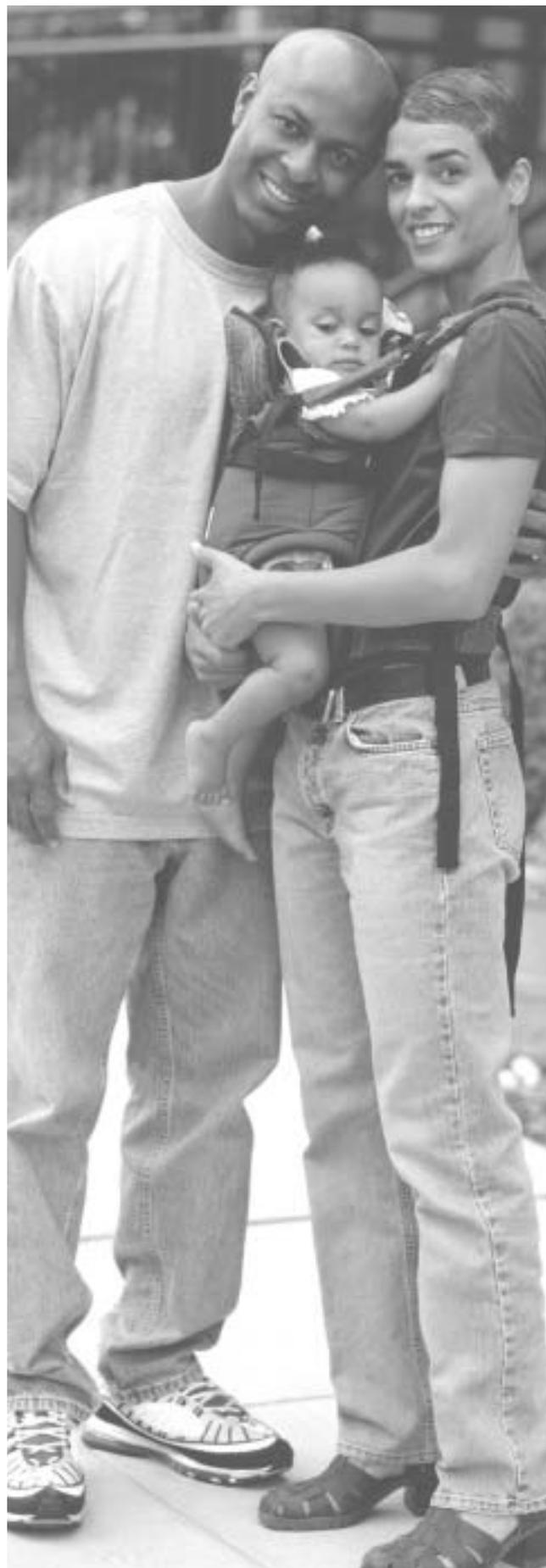
"Women who give birth and place their babies for adoption, even if they give the baby up just hours after it is born, are still entitled to the same time off from work as a mother who is parenting her baby," she says.

"Birthmothers need this time to heal and recover."

In addition to government services like Medicaid, birthmothers can receive even more benefits from adoption agencies. Robert Kasky of One World Adoption Services in Florida says the state offers birthmothers Medicaid and his agency offers a variety of additional benefits, including counseling, financial assistance and information on vocational programs available. He says the agency "helps the birthmothers decide what to do about the future." Couples considering adoption should also know that adoptive parents are entitled to receive some of the same benefits as biological parents.

Adoptive mother of two children and FFL board counsel Jane Sullivan Roberts says, "If you are thinking about adopting, you should

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The law for mandatory income withholding to collect child support went into effect nationally in 1994. Payments are payroll deducted by employers after they receive a notice of the support order from the state child support agency or attorney. Payments are sent from the employer to the State's central payment registry, recorded and then sent onto the family by the state government. Other new laws from 1996 stipulated that all employers send a copy of new hires' W-4s to the state child support agency who matches them against child support orders. If there is a match, the employer is sent a notice to withhold the support payments. Although the system works well when all parents live in the same state, problems persist on interstate cases.

Source: Geraldine Jensen, president of the Association for Children for Enforcement of Support (ACES)

determine what leave benefits you may be entitled to as an adoptive parent. Under the Federal Family and Medical Leave Act, employers with more than 50 employees are required to provide at least 12 weeks unpaid leave to adoptive parents as well as biological parents who work 1,250 hours per year. Note that certain states provide more than 12 weeks of leave, and some states have a less demanding hour requirement.

"Some employers also provide biological parents with paid leave, in the form of disability leave if eligible and/or child care leave. Some states require employers to provide the same benefits to adoptive and biological parents. In states that do not require such parity of benefits,

What you can do: Ask your employer about benefits for birthmothers or adoptive parents.

CHILD-SUPPORT ENFORCEMENT

Nearly 30 million children in the U.S. are owed \$39 billion in child support, according to the Federal Office of Child Support in the 20th Annual Report to Congress. The government child-support agency collection rate—the percentage of cases receiving one or more payments—is still just 20%.

There is some help available, both from government and private sources. The Uniform Child Support Enforcement Act of 1997, sponsored by Reps. Henry Hyde, R-Ill., and

some employers nevertheless voluntarily extend the paid child-care leave to adoptive parents; some also voluntarily extend the paid disability leave to adoptive parents. Some employers will also cover certain costs of adoption (e.g., agency, legal and medical expenses).

Lynn Woolsey, D-Calif., requires automatic wage withholding from non-paying parents. Also, TANF requires each state and the federal government to develop a registry of child-support orders and a "new hire" registry that enable states and businesses to cooperate with each other to more effectively enforce non-custodial support orders.

Geraldine Jensen, president of the Association for Children for Enforcement of Support (ACES), supports such legislation and wants even more to be done.

"If we can have a system that ensures children whose parents are deceased, of support, certainly we can design a national child support enforcement system to collect support for children with living parents," Jensen said.

For women who need help with child support, ACES suggests contacting your state's child-support enforcement agency first. Each state has a federally funded Child Support Enforcement Agency that must help collect child support for children under 18.

Those who want to help can encourage their legislators to support back-to-work programs for fathers so they can afford child payment.

"Chronically unemployed men too often aren't fulfilling their paternal

Child murderers

Child murderers practice their profession without let and open infant butcheries unquestioned ... Is there no remedy child murder? ... Perhaps there will come a time when an unma not be despised because of her motherhood ... and when the righ be born will not be denied or interfered with.

—Sarah Norton, the first woman to successfully argue admission to Cornell University, 1870

responsibilities,” says Foster of FFL. “Obviously we want to have children and fathers connected and reconnected, but it’s also important for one to provide financial assistance. We need to examine legislation that would fund back-to-work programs for fathers, just as we have for mothers.”

In the meantime, ACES warns women to be wary of private child-support collection agencies. It says that most collection agencies require clients to close their government cases and give the agency 20-30% of the support collected, even if the collection agency does nothing to get the money. Sometimes, parents have even paid an application fee and never gotten help.

If all else fails, ACES suggests using a private attorney, who is bound by the American Bar Association’s code of ethics, rather than a private collection agency. “It’s cheaper and smarter to pay a private investigator a flat fee for location,” according to the ACES Web site. “Locates, when successful, rarely take more than 10 hours. At the average rate of \$10 an hour, \$100 is much cheaper than a percentage of support for a year or two.”

What you can do: Encourage your legislators to support child support legislation and back-to-work programs for fathers.

The U.S. Department of Health and Human Services oversees a number of additional programs supporting low-income families, and FFL is encouraged to see the steps that federal and state governments have taken to better protect and support low-income women and children. However, until demand for abortion disappears, we must continue encouraging the federal government to examine the impact of its social service programs and encourage our state legislators to learn from the successes of other states to continue improving their programs. ○

Colleen Jones is a member of FFL and an editor and writer for a consulting firm.



Contacts

Minnesota Family Investment Program: Allows participants to keep their welfare benefits until they reach 140% of the poverty level. For more info on the program, visit its Web site, www.dhs.state.mn.us/ecs/Program/mfipminn.htm or call 651-296-4476.

Temporary Assistance to Needy Families (TANF): Block grants to states for child care, job preparation and out-of-wedlock pregnancy prevention programs. For more info, contact your state’s welfare department or check www.acf.dhhs.gov/programs/opa/facts/tanf.htm

The Children’s Health Insurance Program (CHIP): Provides health insurance benefits to needy children whose parents enroll them in the program. You can find information at Walmart stores or by calling 1-877-KIDS NOW.

D.C. Developing Families Center: Birth and family center in Washington, D.C., that offers services ranging from prenatal and well-woman care to a child-care center and well-child care. For more information, call 202-398-2007.

Federal Office of Child Support Enforcement, 202-401-5559

Association for Children for Enforcement of Support (ACES), 419-472-6609 or www.childsupport-aces.org.

The Hon. Tommy G. Thompson, Secretary of Health and Human Services, 200 Independence Ave., S.W., Room 615-F, Washington, DC 20201. Fax 202-690-7203; e-mail: hhsmail@os.dhhs.gov.

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EDUCATED MOTHERS: SMART SOCIETY

Ellen Kennedy Johnson

TOO OFTEN, young women choose abortion believing there are no services available to help them stay in college after the birth of a child. A multitude of governmental, charitable and corporate programs have been established to help students deal with unplanned pregnancies. Nonetheless, college women frequently report to FFL that they are offered few options when they consult their university health clinics for pregnancy counseling.





Linda, a college junior, says she found out she was pregnant, was handed a referral to an abortion clinic and paid her clinic fee in less than an hour. Christine, another student, went to her university clinic to ask for the morning-after pill. She said she felt she couldn't support a baby because of her grim financial circumstances and the fear that she would never be able to achieve her life-long dream of becoming a lawyer. After asking a few questions, the nurse calculated that she was within the appropriate time frame for the drug's effectiveness and gave her a prescription with three additional refills.

Feminists for Life President Serrin Foster understands the dilemma a student faces when challenged with an unplanned pregnancy: "She doesn't have a place to live;

or related conditions (like high blood pressure, pre-eclampsia or gestational diabetes) should be provided with access to medical benefits and sick leave. 4) Women returning to school after a pregnancy leave should have a right to be reinstated to their program and any other benefit of enrollment.

When women are not told about resources that help pregnant and parenting students, they often conclude that abortion is their only option. That is why FFL supports legislation that would require any campus health center whose college receives federal funding to give pregnant women information on abortion alternatives and include maternity coverage in any student and faculty health-insurance program. "Women should be given the rest of the choices," said

When a man steals to satisfy hunger, we may safely conclude that there is something wrong in society — so when a woman destroys the life of her unborn child, it is an evidence that either by education or circumstances she has been greatly wronged."

—*Mattie Brinkerhoff, The Revolution, 1869*

she doesn't have day care; she doesn't have maternity coverage. Colleges essentially force women to choose between their education or career goals and their child. There is this really hostile attitude about women having babies. Women who are pregnant on college campuses are stared at as if they were exotic animals."

To prevent discrimination against students based on pregnancy, FFL wants these workplace principles to be applied in colleges as well: 1) Discrimination on the basis of pregnancy is prohibited. 2) Pregnancy is treated the same way that any other temporary physical disability is treated. 3) Women experiencing pregnancy

Foster, "including referrals to pregnancy care centers in their local area as well as national 800 numbers and a brochure with the type of resources generally offered, and information about paternity establishment and child support. The campus should also take their own inventory regarding housing, child care and maternity coverage in health care to make sure all of their students' needs are filled. FFL is here to help them do all of these things."

One resource for student mothers is a federal tuition-assistance program called the Pell grant, a need-based scholarship for undergraduate students offered by the

continued on pg. 22

High school programs

College students are not the only individuals who can benefit from government resources. Early intervention programs sponsored by state and local agencies can help high school students understand the relationship between education and future success.

Disturbed by the growing rate of teen pregnancy in Alexandria, the Virginia General Assembly, in partnership with the Freddie Mac Foundation, funded TeenLink, a multi-phased outreach program addressing the needs of Alexandria's teen population. One of the many mentoring classes offered is Teen Talk, in which young women and men discuss the potentially dangerous consequences of early sexual involvement. Through Project Stepout, a life planning and mentoring program, teens learn practical life skills and address the challenges of making responsible decisions.

Department of Education. The amount of the award is determined by a standard formula, and the expenses associated with child care are taken into consideration. The grants are offered on a yearly basis, and women who need financial aid in between semesters may have to wait until the next school year to apply. However, most state universities allow students to apply for interim funding, often paid for by local community organizations.

The high cost of good-quality day care can hinder a young mother's ability to continue her education, which hurts everyone in the long run. Statistics have shown that poverty rates for women decrease with each year of college credit they earn.

To ensure the success of both parent and child, the Department of Education implemented the CAMPUS (Child Care Access Means Parents In School) program in 1999. Eighty-seven colleges and universities qualified for the first round of CAMPUS funding. Through the program, scholarships for on-campus day care are awarded to parents taking full class loads.

Theresa Castanon, director of the day-care center at Northern New Mexico Community College, says that a student who receives a child-care expense waiver is more likely to stay in school and do better academically: "For a young mother, juggling school, work and a child sometimes becomes too stressful. Because we can keep the child all day, a student can use the time she is not in class to do homework, use the library, and to socialize with other students."

While there are many federal, state and private agencies willing to help parenting students, locating resources for each individual area of need can be frustrating and time-consuming. Catholic Charities USA's crisis-pregnancy hotline refers all women, regardless of religion or income, to several support agencies offering a wide range of services such as counseling, adoption information, housing, health care, and parenting classes.

The hotline spokesperson, Winnie Merritt, wishes more Catholic Charities affiliates could participate in the program: "Of our 1,400 member agencies, only 40 had the financial resources to implement the crisis-

pregnancy hotline. Also, states such as Wyoming and Montana offer referrals but sometimes students can't access them because they're located hundreds of miles away."

Within the next year, Right to Life of Michigan (RTL-MI) will propose a plan to the state legislature to fund pregnancy-resource centers on university campuses. These facilities would offer women convenient access to all resources available through the Michigan Family Independence Agency and other state, local and independently sponsored assistance programs.

The legislation was inspired by a keynote address by Foster at an event hosted by RTL-MI in fall 2000. "At the event, pro-life Democratic and Republican women members of the House and Senate learned that college women were at greatest risk of an abortion," Foster said. "They asked, 'What can we do to help?'"

Kristen Hemker, RTL-MI's legislative liaison, believes that the presence of an on-campus site will do more than offer pregnant and parenting students an array of services: "When a woman attending college gets pregnant," Hemker explains, "everyone knows she has no place to go. She opens the campus newspaper and sees three ads for abortion and no ads offering alternatives." Hemker hopes campus pregnancy-resource centers such as these will help dispel the myth that it's impossible to have a child and a successful college experience too.

She is confident that Michigan state representatives will respond positively to RTL-MI's proposal because they understand that parents who drop out of school are more likely to use social programs than those who prepare for a career. It is estimated that \$10 is saved for every dollar the state spends on high-quality day care or college completion programs.

More flexible schedule requirements would also benefit student mothers. Colleges can help by increasing the number of core classes offered through distance-learning programs so stay-at-home mothers may continue their education while caring for their babies. Additionally, colleges should be encouraged to videotape lecture classes and

blackboard notes for students who are absent because their children are ill.

While programs like these have helped thousands of young women stay in school, so much more needs to be done.

What you can do: Work with your state Right to Life affiliate to introduce legislation similar to RTL-MI's initiative. Then contact your state representatives and ask them to sponsor the bill.

Recommend to local colleges that they offer parenting students more off-campus options such as distance-learning classes and videotaped lectures.

Interview the university health center director to learn his or her procedure when dealing with unplanned pregnancies; as most clinics receive federal funding, it is imperative that they offer alternatives to abortion. Give the director an FFL clinic kit.

Encourage pregnancy care centers to sponsor a clinic kit for nearby colleges' health clinic staff.

FFL believes no woman should have to choose between her child and her education. "There is a better way," says Serrin Foster, "and we owe it to our daughters, our sisters and all women to find it." ○

Ellen Johnson is an FFL member and writer who teaches at Arizona State University.



For information about federal Pell grants, consult the financial aid office at your local university or call 1-800-4-FED-AID.

A list of colleges and universities awarded CAMPUS day-care funding can be found at the U.S. Department of Education/Office of Post-Secondary Education Web site: www.ed.gov/offices/OPE.

Contact Catholic Charities USA's Crisis Pregnancy Hotline at 1-800-CARE-002. Callers will be linked to local agencies offering a variety of supportive services.

For more information about TeenLink or Project Stepout, call the Virginia Department of Health at 1-703-838-4400 or the Urban League at 1-703-836-2858.

Contact information for your congressional representatives can be accessed at www.senate.gov or www.house.gov.

Celebrity News



FFL's Honorary Committee Members Speak Out

FFL's Honorary Chair and Emmy winner Patricia Heaton presented "Rewarding Motherhood" at the New Jersey Right to Life annual convention banquet on May 9. Heaton told 1,000 attendees, **"Women who experience an unplanned pregnancy also deserve unplanned joy."**



From left to right: FFL President **Serrin Foster**, Patricia Heaton, Executive Director of *The Weekly Standard* **Fred Barnes**, who also appears regularly as co-host of the "Beltway Boys" on Fox News Channel, **Margaret Colin** and FFL Communications Director **Lisa Toscani** meet at the New Jersey Right to Life annual convention in May.

On May 2, FFL's Honorary Committee member and actor **Margaret Colin** testified on behalf of FFL before a packed Senate Subcommittee on Commerce in opposition to the creation and destruction of human clones for research. FFL supports promising alternative sources of stem cells including adult stem cells, placental, umbilical cord donations—even fat. Colin quipped that she was sure that many would willingly donate fat "in the name of science, of course!" Her testimony can be found under "hot topics" at www.feministsforlife.org.



FFL President Appears on CNN International

FFL President Serrin Foster appeared in June on CNN International opposite Feminist Majority attorney Sharon Tejani to discuss the Dutch abortion ship *Aurora*, which had recently docked in Dublin, Ireland. The abortion advocacy group Women on Waves Foundation plans on performing abortions in international waters off the coast of countries where women and children are protected from abortion. Foster called the *Aurora* a "tragedy at sea waiting to happen" and invited Women on Waves and the Feminist Majority to "set a new course" by working with FFL to systematically eliminate the reasons that drive women to abortion. Foster said we should **"refuse to choose"** between women and children, and urged women to refuse to choose between their education and career plans and sacrificing their children. **"Women deserve better,"** Foster said.



FFL President Meets With Rep. Chris Smith

FFL President **Serrin Foster** (center) met with **Rep. Chris Smith** (R-N.J.) along with FFL member **Susan Hurley DeConcini** on May 3 to propose a national summit on pregnancy and parenting. The summit would be based on FFL's successful collegiate Pregnancy Resource Forums and the FFL-inspired "5,000 Too Many Conference" in Dublin, Ireland, (a reference to the number of women who reportedly left Ireland for Great Britain to have an abortion in 1999). Foster hopes that such a summit would produce a woman-centered plan to solve the problems that contribute to abortion (see introduction, page 4). Also discussed was legislation to expand protection for students from pregnancy discrimination, and funding for centers to serve pregnant and parenting students on college campuses.

NEW MEMBERSHIP CAMPAIGN GROWS FFL!

With FFL's ambitious goals to help women and children, we need your help to grow. After all, the more of us there are to help, the faster we will accomplish our mission!

Please take our new membership brochure from the center of *The American Feminist* and personally invite family members, friends or colleagues who may feel all alone in their pro-woman, pro-life beliefs to join us in our lifesaving work. You may order more membership brochures to distribute by e-mailing us at info@feministsforlife.org. (Order "What Women Really Want" for outreach purposes to those who are not pro-woman or pro-life.)

Download FFL's new ad featuring Patricia Heaton at www.feministsforlife.org and post it in your community (see back cover). Women and children are counting on us!

Thank you!



Hope for Students

Today in the mail I received both my weekly *Time* magazine and quarterly *American Feminist*. The articles on Remarkable Pro-life Men inspired me. However, when I opened my *Time*, which features the cover story about the continuing horrors of killing innocents in war, there was an article that broke my heart. "How Med Students Put Abortion Back in the Classroom" hailed female med students for their steps in including abortion in many schools' regular curriculum. I was horrified and distressed. Fortunately your magazine was there to remind me not to give up and that there are others who feel the way I do and are fighting for the truth. Thank you for reminding me that. Keep spreading the truth about abortion and I will continue to support you and do the same in my sphere of the world too.

Elizabeth Boyd
Texas A&M University, Class of 2001

WE REMEMBER



LouAnne Herron 1965 - 1998

"Is everything OK? What's wrong with me?" LouAnne Herron asked as blood pooled under her body following an abortion at the now-closed A-Z Women's Center in Phoenix.

The 33-year-old Herron died on April 17, 1998, after Dr. John Biskind tore a two-inch hole in her uterus during the abortion. Paramedics were called more than three hours after medical assistants noticed the excessive bleeding. Herron was dead when the ambulance arrived.

According to court testimony, a clinic administrator knew one week in advance that there were no registered nurses available during the time of Herron's abortion. Instead, the clinic's recovery room was staffed by inexperienced medical assistants. When Herron's excessive bleeding continued and her blood pressure dropped, one of the clinic's medical assistants testified that it was "above anything I could deal with." Biskind was notified of his patient's condition and checked on her in the recovery room where he complained of a lack of qualified nursing staff. After restarting Herron's IV of blood-clotting medication, Biskind left the facility knowing that there was no registered nurse on duty.

Biskind's negligent and dangerous practices were not unknown to state officials. Another woman under Biskind's care had already died after an abortion. Biskind was issued a "letter of censure" by the state medical board, yet was allowed to continue practicing medicine. Following Herron's death, Biskind continued to practice and attempted an abortion on a nearly full-term baby, fracturing the woman's pelvis. Yet the medical board did not revoke his license until word of the Herron case reached the public.

Herron's father, Mike Gibbs, questioned the medical board's slow reaction to Biskind's malpractice, saying, "You have to wonder what they were thinking. Did they realize what they were doing?"

Nearly three years after LouAnne Herron's death, Biskind was convicted of manslaughter and the clinic's administrator was convicted of negligent homicide.

The Arizona Republic

Aug. 21, 2000, Feb. 6, 2001, Feb. 8, 2001, Feb. 9, 2001, Feb. 20, 2001.



COLLEGE OUTREACH PROGRAM

Serrin Foster's April 25 lecture at Stanford University in California, "The Feminist Case Against Abortion," made the top story of the *Stanford Daily* on the following day. To see for yourself what Stanford students read, go to www.feministsforlife.org and click on "hot topics" for a link to the *Stanford Daily*.

If you would like to arrange for an FFL speaker on campus, or need a kit for a pro-life student group, or materials in time for club sign-up day, please contact national coordinator Anna Schenck at the FFL national office at 202-737-FFLA (3352), or e-mail cop@feministsforlife.org.



"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

Margaret Mead

Electronic Fund Transfer Form

Help FFL Help Women and Children! Your monthly electronic donations provide essential support as FFL works to bring about positive change for women and children. Electronic donors receive semi-annual President reports, detailing FFL's progress. To begin your monthly contributions, simply fill out the electronic transfer form and send it (along with a voided check) to FFL. It's that easy! Donations will be debited on the first business day of each month and will be put to work immediately by FFL. Your participation helps FFL continue the tradition of the early feminists—pro-woman and pro-life!

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Electronic fund transfers will begin immediately upon receipt.

Thank you!

Voices

OF WOMEN WHO MOURN

It got me again tonight. It had been a while and took me by surprise, but it was bad. Grief. Agonizing, overwhelming grief. A pain so enormous it took my breath away, making it impossible to cry. Would I never get over it? Wasn't 25 years long enough to pray I could have my baby back?

I don't even know when I got pregnant. I don't remember the discussions that must have taken place between my mother and me. What I do remember is being taken to the finest hospital, rolled into the most sophisticated operating room, having my baby killed by one of the top doctors in the city. I also remember waking up and hearing women crying and screaming, including myself. I remember indescribable pain, blood—more blood than I had ever seen.

Several days later, I remember being rushed in the middle of the night to an emergency room. I was hemorrhaging and fading in and out of consciousness from a raging fever. My medical records say that I was in the hospital for 6 days, underwent 2 D&C's, and was rolled back into the O.R. a final time for a complete hysterectomy. I don't know what stopped the surgeon, but he saved my life and my ability to have children. I had been saved from a septic therapeutic abortion. I was 15 years old.

Since those horrible days in 1973, this has never once been spoken of. I grew up to become a professional with a loving husband and seven beautiful, healthy children. A miracle indeed considering those are not the odds for someone like me. I also know that keeping my shame and guilt silent is killing my baby over and over again. Yes, it was a baby, not a tissue, a mass, a "condition" that needed correcting. She was alive and real and would be 25 years old if I had given her the opportunity to live.

My ignorance, fear, and youth were used against us. If anyone had told me of the secret shame, fear, pain, and lifelong regret, my baby would be alive today. If anyone had told me about the potential life-threatening or fatal medical complications, my baby would be alive today. If anyone had told me the truth, my baby would be alive today.

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College Outreach Program: Send a Kit to Campus

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(anthology of pro-life feminist essays)
 - \$2 "Question Abortion" bumper sticker
 - \$2 "Voices of Our Feminist Foremothers" poster
 - \$5 *Man's Inhumanity to Woman*
(essays by 19th-century feminists)
 - "You're Not Alone" brochures:
50 for \$5; 100 for \$10; 250 for \$20
 - "What Women Really Want" brochure:
Free with a self-addressed stamped envelope
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 - "College Outreach Program" brochure:
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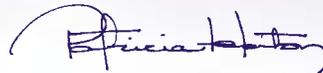
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